CORPORATE OFFICER REGISTRATION UPDATE

BUSINESS NAME			BOE PERMIT NUMBER			
CORPORATE ID NUMBER	FEIN		SEIN			
BUSINESS PHONE NUMBER	FAX NUMBER		CONTACT PERSON			
()	()					
EMAIL ADDRESS (of your corporate officer design	nated to handle tax matters)		,			
	Use additional sheets to incli	ude information for more th	an three individuals			
	COF	RPORATE OFFICER				
NAME			TITLE			
HOME ADDRESS (street, city, state, zip code)			HOME PHONE NUMBE	 ER		
			()			
SOCIAL SECURITY NUMBER			DRIVER LICENSE NUMBER			
	COF	RPORATE OFFICER				
NAME			TITLE			
HOME ADDRESS (street, city, state, zip code)			HOME PHONE NUMBER			
			()			
SOCIAL SECURITY NUMBER			DRIVER LICENSE NUMBER			
	COF	RPORATE OFFICER			<u> </u>	
NAME			TITLE			
HOME ADDRESS (street, city, state, zip code)			HOME PHONE NUMBER			
SOCIAL SECURITY NUMBER			DRIVER LICENSE NUMBER			
NC	ORTH AMERICAN INDUS	STRY CLASSIFICATION	SYSTEM (NAICS	3)		
NAICS CODE - IF KNOWN, WHAT IS YOUR PRIM	IARY BUSINESS ACTIVITY					
WHAT TYPE OF BUSINESS ARE YOU ENGAGED Retail Wholesale	IN (please check appropriate box) Construction Contractor	Manufacturer	Service	Leasing	Repair	
WHAT DO YOU SELL						
I am duly authorized to sign the a	(All Corporat pplication and certify that		re correct to the b			
PRINTED NAME		SIGNATURE		DATE	DATE	
		<u>A</u>				
PRINTED NAME		SIGNATURE		DATE		
PRINTED NAME		CIONATURE		DATE		
FRINTED INMINE		SIGNATURE		DATE		